

FILED FEB 15 1944

Registration District No. 236

Primary Registration District No. 4119

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shannon
 (b) City or town Alley, Mo. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

8. (a) PRINT FULL NAME Misce Vinson Ward

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex m 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 19 1899
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>11</u>	<u>24</u>	hr. _____ min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General

MOTHER FATHER { 12. Name No Data
 18. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name No Data
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Ward
 (b) Address Alley, Mo.

17. (a) ~~Interment~~ (b) Date thereof 1-13-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware

18. (a) Signature of funeral director None

(b) Address _____

19. (a) 1-13-44 (b) Frank T. Boyd M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon ¹⁰¹
 (c) City or town Alley, Mo. Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
 year 1944 hour 11:20 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 1943
 _____, 19____, to Jan 12, 1944;
 that I last saw him alive on Jan 5th, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver
 Duration 1 yr

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) H. B. F.

Major findings: Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. T. Brady (M. D. or other) _____
 Address Emmetsville Mo Date signed 1-13-44

744

RECEIVED

District Health

Officer No. 5,

2/11/57

District No.

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.